

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000031268

**FILED**  
**Oct 24, 2007**  
**Secretary of State**

**Entity Name:** ESCOBAR DENTAL SERVICES, LLC

**Current Principal Place of Business:**

P. O. BOX 337  
DADE CITY, FL 33526

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 337  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:** 20-4557696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESCOBAR, FERNANDO  
37743 BOUGAINVILLEA AVE.  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** FERNANDO ESCOBAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** ESCOBAR, FERNANDO  
**Address:** 37743 BOUGAINVILLEA AVE.  
**City-St-Zip:** DADE CITY, FL 33525

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** FERNANDO ESCOBAR

MGR

10/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date